6/8/23, 3:17 PM

To:

Fax: (850) 617-6383 Division of Corporations Page: 2 of 6

06/08/2023 3:22 PM

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(((H23000207832 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099

Phone

: (813)932-5244

Fax Number

: (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@activatemylicense.com

FOREIGN PROFIT/NONPROFIT CORPORATION SKODA CONSTRUCTION, INC.

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From: Kim Ritter .

Fax: 18139325244

To:

Fax: (850) 617-6383

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: SKODA CONSTRUCTION, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KIM RITTER

Name of Person

CONTRACTORS' REPORTING SERVICE, INC.

Firm/Company

23110 SR 54 PMB 336

Address

LUTZ, FL 33549

City/State and Zip code

INFO@ACTIVATEMYLICENSE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIM RITTER

at (_813____) 932-5244

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co." or "Corp.")	"COMPANY." "CORPORATION	N,"	_
				_
(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transactin	ng business in Florida)	
2. OHIO		14-1814927		
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	oplicable)	
4. <u>10/18/1995</u>				
(Date	of incorporation)	(Date of duration, if other	than perpetual)	
6. 06/08/2023				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		ity)	-
7. 784 SOM CE	NTER RD MAYFIELD VLG, OH 44143			
	(Principal office	street address)		-
	(Current mailing	address, if different)		
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2023 JUN -8	i na tipa
Name:	CONTRACTORS' REPORTING SERV	/ICE, INC.		<u> </u>
Office Address:	2513 RUSTIC OAKS DR		72	geneen L Terms:
	LUTZ	, Florida_ 33559		i came
	(City)	(Zip code)	3: 46	100
9. Registered age	ont's aggentance		σ	
	ed as registered agent and to accept service	e of process for the above stated	i corporation at the	place
designated in this further agree to c	application, I hereby accept the appointme omply with the provisions of all statutes rel	ent as registered agent and agre ative to the proper and complet	e to act in this capa	icity. I
and I am familiar	with and accept the obligations of my posi.	tion as registered agent.		
_	(Registered agent's sign			

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS	AE9EE6-0B28-4D20-B7CD-998297A9CDA0	Fax: (850) 617-6383	Page: 5 of 6 06/08/2023 3:22 PA H23000207832 3
Chairman	Name: CHRISTOPHER SKODA	□Chairman	Name:
□Vice Chairman	Address:	☐ Vice Chairman	Address:
Director	784 SOM CENTER RD	□Director	
President	MAYFIELD VLG, OH 44143	□President	
□ Vice President		□ Vice President	
□Secretary	Treasurer	☐ Secretary	□Treasurer
Other	Other	□Other	□Other
□Chairman	Name: MICHAEL SKODA	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	587 MAGNOLIA COURT	□Director	
□President	MAYFIELD VLG, OH 44143	□President	
■ Vice President		□Vice President	
□ Secretary	☐'Treasurer	Secretary	☐Treasurer
Other	Other	Other	Other
☐ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director _		□Director	
□President _		□President	-
□Vice President _		□Vice President	
☐ Secretary	□Treasurer	□ Secretary	□Treasurer
□Other	Other	Other	Other

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. MICHAEL SKODA

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UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SKODA CONSTRUCTION, INC., an Ohio corporation, Charter No. 920112, having its principal location in Mayfield Vlg., County of Cuyahoga, was incorporated on October 18, 1995 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 6th day of June, A.D. 2023.

Ohio Secretary of State

1 fore

Validation Number: 202315703356